Excellus

An independent licensee of the Blue Cross Blue Shield Association

Medicare Blue Dual (HMO D-SNP) offered by Excellus BlueCross BlueShield

Annual Notice of Change for 2026

You're enrolled as a member of Medicare Blue Dual (HMO D-SNP) .

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025 you stay in Medicare Blue Dual (HMO D-SNP) .
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your Medicare & You 2026 handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the Evidence of Coverage. Get a copy at medicare.excellusbcbs.com or call Customer Care at 1-866-862-7087 (TTY/TDD users call 711) to get a copy by mail.

More Resources

- Call Customer Care at 1-866-862-7087 (TTY/TDD users call 711 for more information). Hours are Monday - Friday, 8:00 a.m. - 8:00 p.m. Representatives are also available 8:00 a.m. - 8:00 p.m., Monday - Sunday, from October 1 - March 31. This call is free.
- This information may be available in a different format, including large print, audio, and braille.

OMB Approval 0938-1051(Expires: August 31, 2026)

About Medicare Blue Dual (HMO D-SNP)

- Excellus BlueCross BlueShield is an HMO plan with a Medicare contract and a contract with the New York State Medicaid program. Enrollment in Excellus BlueCross BlueShield depends on contract renewal.
- Our plan also has a written agreement with the New York Medicaid program to coordinate your Medicaid benefits.
- When this material says "we", "us", or "our", it means Excellus BlueCross BlueShield. When it says "plan" or "our plan," it means Medicare Blue Dual (HMO D-SNP) .
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Medicare Blue Dual (HMO D-SNP) .** Starting January 1, 2026, you'll get your medical and drug coverage through Medicare Blue Dual (HMO D-SNP) . Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2026

These are 2025 cost sharing amounts and can change for 2026. Medicare Blue Dual (HMO D-SNP) will provide updated rates as soon as they're released.

	2025 (this year)	2026 (next year)
Monthly plan premium Go to Section 1.1 for details.	$0	$0
Maximum out-of-pocket amount This is the most you will pay out of pocket for covered services. (See Section 1.2 for details.)	You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.
Primary care office visits	You pay a $0 copayment in-network per visit.	You pay a $0 copayment in-network per visit.
Specialist office visits	You pay a $0 copayment in-network per visit.	You pay a $0 copayment in-network per visit.
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	**In-network:** You pay a $0 copayment per day for days 1 through 5 for covered hospital care. Thereafter, you pay a $0 copayment for additional Medicare-covered days during your hospital admission.	**In-network:** You pay a $0 copayment per day for days 1 through 5 for covered hospital care. Thereafter, you pay a $0 copayment for additional Medicare-covered days during your hospital admission.

	2025 (this year)	2026 (next year)
Part D drug coverage (Go to Section 1.5 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copayment during the Initial Coverage Stage: **Tier 1** (Preferred Generic): During this stage you pay $0 or $1.60 or $4.90	Copayment during the Initial Coverage Stage: **Tier 1** (Preferred Generic): During this stage you pay $0 or $1.60 or $5.10
	Tier 2 (Generic): During this stage you pay $0 or $1.60 or $4.90	**Tier 2** (Generic): During this stage you pay $0 or $1.60 or $5.10
	Tier 3 (Preferred Brand): During this stage you pay $0 or $4.80 or $12.15	**Tier 3** (Preferred Brand): During this stage you pay $0 or $4.90 or $12.65
	Tier 4 (Non-Preferred Drug): During this stage you pay $0 or $4.80 or $12.15	**Tier 4** (Non-Preferred Drug): During this stage you pay $0 or $4.90 or $12.65
	Tier 5 (Specialty): During this stage you pay **Specialty Generics:** $0 or $1.60 or $4.90 **Specialty Brands:** $0 or $4.80 or $12.15	**Tier 5** (Specialty): During this stage you pay **Specialty Generics:** $0 or $1.60 or $5.10 **Specialty Brands:** $0 or $4.90 or $12.65
	Catastrophic Coverage: □ During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.	**Catastrophic Coverage:** □ During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 – Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	$0	$0

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
Maximum out-of-pocket amount Because our members also get help from Medicaid, very few members ever reach this out-of-pocket maximum. You're not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

Section 1.3 – Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 Provider Directory medicare.excellusbcbs.com to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated Provider Directory:

- Visit our website at medicare.excellusbcbs.com.
- Call Customer Care at 1-866-862-7087 (TTY/TDD users call 711) to get current provider information or to ask us to mail you a Provider Directory.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Customer Care at 1-866-862-7087 (TTY/TDD users call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your Evidence of Coverage.

Section 1.4 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2026 Pharmacy Directory at medicare.excellusbcbs.com to see which pharmacies are in our network. Here's how to get an updated pharmacy directory:

- Visit our website at medicare.excellusbcbs.com
- Call Customer Care at 1-866-862-7087 (TTY/TDD users call 711) to get current pharmacy information or ask us to mail you a Pharmacy Directory.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Customer Care at 1-866-862-7087 (TTY/TDD users call 711) for help.

Section 1.5 – Changes to Benefits & Costs for Medical Services

The Annual Notice of Change tells you about changes to your Medicare benefits and costs.

	2025 (this year)	2026 (next year)
Fitness Benefit	Effective 9/1/2025, the fitness benefit is in partnership with the Silver&Fit program. You pay a $0 copayment for access to a participating fitness center, on-demand workout videos, and home kit accessories and equipment. Please see your Evidence of Coverage for more details. Contact Silver&Fit Customer Service at 1-888-797-7925 (TTY/TDD users call 711). Monday through Friday, from 8 a.m. to 9 p.m. From 1/1/2025 to 8/31/2025, the fitness benefit was in partnership with FitOn Health. You received a letter notifying you of the benefit change effective 9/1/2025.	The fitness benefit is in partnership with the Silver&Fit program. You pay a $0 copayment for access to a participating fitness center, on-demand workout videos, and home kit accessories and equipment. Please see your Evidence of Coverage for more details. Contact Silver&Fit Customer Service at 1-888-797-7925 (TTY/TDD users call 711). Monday through Friday, from 8 a.m. to 9 p.m.

Section 1.6 – Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically. The Drug list includes many – but not all – of the drugs that we'll cover next year. If you don't see your drug on this list, it might still be covered. **You can get the complete Drug List** by calling Customer Care at 1-866-862-7087 (TTY/TDD users call 711) or visiting our website at medicare.excellusbcbs.com.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your Evidence of Coverage and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Customer Care at 1-866-862-7087 (TTY/TDD users call 711) for more information.

Section 1.7 – Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs, which tells about your drug costs. If you get Extra Help and didn't get this material, call Customer Care at 1-866-862-7087 (TTY/TDD users call 711) and ask for the LIS Rider.

We sent you a separate insert, called the Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs (also called the "Low Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive "Extra Help" and you haven't received this insert by September 30, 2025, please call Customer Care and ask for the LIS Rider.

Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**
  - We have no deductible, so this payment stage doesn't apply to you.
- **Stage 2: Initial Coverage**

- In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date out of pocket costs reach $2,100.

- **Stage 3: Catastrophic Coverage**
  - This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

The table shows your cost per prescription during this stage.

	2025 (this year)	**2026 (next year)**
Yearly Deductible	Because we have no deductible, this payment stage doesn't apply to you.	Because we have no deductible, this payment stage doesn't apply to you.

Drug Costs in Stage 2: Initial Coverage

Go to the following table for the changes from 2025 to 2026.

The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard cost sharing.

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for mail-order prescriptions, go to Chapter 6 of your Evidence of Coverage.

Once you've paid $2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	**2026 (next year)**
Tier 1 (Preferred Generic)	During this stage you pay $0 or $1.60 or $4.90	During this stage you pay $0 or $1.60 or $5.10
Tier 2 (Generic)	During this stage you pay $0 or $1.60 or $4.90	During this stage you pay $0 or $1.60 or $5.10
Tier 3 (Preferred Brand)	During this stage you pay $0 or $4.80 or $12.15	During this stage you pay $0 or $4.90 or $12.65
Tier 4 (Non-Preferred Drug)	During this stage you pay $0 or $4.80 or $12.15	During this stage you pay $0 or $4.90 or $12.65
Tier 5 (Specialty)	During this stage you pay **Specialty Generics:** $0 or $1.60 or $4.90 **Specialty Brands:** $0 or $4.80 or $12.15	During this stage you pay **Specialty Generics:** $0 or $1.60 or $5.10 **Specialty Brands:** $0 or $4.90 or $12.65
	Once you have paid $2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).	Once you have paid $2,100 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).

Changes to the Catastrophic Coverage Stage

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs.

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6, in your Evidence of Coverage.

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Opt out of phone calls	Please call Customer Care, if you would like to opt out of receiving phone calls from us.	Please call Customer Care, if you would like to opt out of receiving phone calls from us.
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option	If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026 To learn more about this payment option, call us at 1-877-883-9577 (TTY/TDD users call 711) or visit www.Medicare.gov.

SECTION 3 How to Change Plans

To stay in Medicare Blue Dual (HMO D-SNP) plan you don't need to do anything. Unless you don't sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in Medicare Blue Dual (HMO D-SNP) for 2026.
If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from Medicare Blue Dual (HMO D-SNP) .
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Medicare Blue Dual (HMO D-SNP) .
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Customer Care at 1-866-862-7087 (TTY/TDD users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY/TDD users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (Go to Section 1.1)
- **To learn more about Original Medicare and the different types of Medicare plans,** visit www.Medicare.gov, check the **Medicare & You 2026** handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Excellus BlueCross BlueShield offers other Medicare health plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 – Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026 and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

Section 3.2 – Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

Because you have Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

- Original Medicare with a separate Medicare prescription drug plan,

- Original Medicare without a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without separate Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **"Extra Help" from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify Medicare could pay up to 75% or more of your drug costs, including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late-enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY/TDD users can call 1-877-486-2048, 24 hours a day, 7 days a week.
  - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday - Friday for a representative. Automated messages are available 24 hours a day. TTY/TDD users can call, 1-800-325-0778; or
  - Your State Medicaid office.
- **Help from your state's pharmaceutical assistance program.** New York has a program called Elderly Pharmaceutical Insurance Program (EPIC) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the HIV Uninsured Care Programs, Empire Station, P.O. Box 2052, Albany, NY 12220-0052 www.health.ny.gov/diseases/aids/general/resources/adap/.

  For information on eligibility criteria, covered drugs, how to enroll in the program or if you're currently enrolled how to continue getting help:
  - call 1-800-542-2437 or 1-844-682-4058 (in-state, toll free); 1-518-459-1641 (out of state); 1-518-459-0121 (TDD) Monday through Friday, 8:00 am - 5:00 pm. or
  - email adap@health.ny.gov

Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

- **Medicare Prescription Payment Plan**. The Medicare Prescription Payment Plan is a payment option that works with our current drug coverage to help you manage your out-of-pocket costs, for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate the Medicare Prescription Payment Plan, regardless of income level. To learn more about this payment option, call us at 1-866-862-7087 (TTY/TDD users call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from Medicare Blue Dual (HMO D-SNP)

Call Customer Care at 1-866-862-7087. (TTY/TDD only, call 711.) We are available for phone calls Monday - Friday, 8:00 a.m. - 8:00 p.m. Representatives are also available 8:00 a.m. - 8:00 p.m., Monday - Sunday, from October 1 - March 31. Calls to these numbers are free.

Read your 2026 Evidence of Coverage

This Annual Notice of Change gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 Evidence of Coverage for Medicare Blue Dual (HMO D-SNP) . The Evidence of Coverage is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the Evidence of Coverage on our website at medicare.excellusbcbs.com or call Customer Care at 1-866-862-7087 (TTY/TDD users call 711). You can also review the enclosed Evidence of Coverage to see if other benefit or cost changes affect you.

Visit medicare.excellusbcbs.com

Our website has the most up-to-date information about our provider network (Provider Directory/ Pharmacy Directory) and our list of covered drugs (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In NY, the SHIP is called Health Insurance Information, Counseling, and Assistance Programs (HIICAP).

Call Health Insurance Information, Counseling, and Assistance Programs (HIICAP) to get free personalized health insurance counseling. They can help you understand your Medicare and Medicaid plan choices and answer questions about switching plans. Call Health Insurance Information, Counseling, and Assistance Programs (HIICAP) at 1-800-701-0501. Learn more about Health Insurance Information, Counseling, and Assistance Programs (HIICAP) visit https://aging.ny.gov/ health-insurance-information-counseling-and-assistance.

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**
  - You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY/ TDD users can call 1-877-486-2048.
- **Chat live with www.Medicare.gov**
  - You can chat live at www.medicare.gov/talk-to-someone
- **Write to Medicare**
  - You can write to Medicare at PO Box 1270, Lawrence, KS 66044
- **Visit www.Medicare.gov**
  - The office Medicare website has information about cost, coverage, and Star Ratings to help you compare Medicare health plans in your area.
- **Read Medicare & You 2026**
  - The Medicare & You 2026 handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY/TDD users can call 1-877-486-2048.

Get Help from Medicaid

Call New York State Medicaid agency at 1-800-541-2831 (TTY/TDD users should call 711). Available 8:00 am to 8:00 pm, Monday through Friday, 9:00 am to 1:00 pm, Saturday for help with Medicaid enrollment or benefit questions.